



Atty. Dkt. No. 086142-0493

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Masahiro SHIOTANI et al.

Title: SEAT BELT RETRACTOR

Appl. No.: Unassigned

Filing Date: Herewith

Examiner: Unassigned

Art Unit: Unassigned

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (17 pages).

Informal drawings (7 sheets, Figures 1-7).

Executed Declaration and Power of Attorney (4 pages).

Assignment of the invention to TAKATA CORPORATION.

Assignment Recordation Cover Sheet.

Check in the amount of \$40.00 for Assignment recordation.

Claim for Convention Priority with Priority Document No. JP2000-337391

Small Entity statement.

Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

Information Disclosure Statement.

Form PTO-1449 with copies of 12 listed reference(s). (14 Refs listed)

Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims: <u>8</u>	-	<u>20</u>	= <u>0</u>	x \$18.00 =	\$0.00
Independents: <u>2</u>	-	<u>3</u>	= <u>0</u>	x \$84.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+ <u></u>	\$280.00 =	\$0.00
				SUBTOTAL: =	\$740.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$740.00

A check in the amount of \$740.00 to cover the filing fee is enclosed.

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

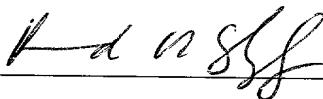
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 6, 2001

By



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